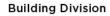
## **COMMUNITY DEVELOPMENT SERVICES**

Planning Division

Office (208) 612-8276 Fax (208) 612-8520



Office (208) 612-8270 Fax (208) 612-8520



## Application for Rezone Filing Fee: \$600.00

Applicant Information						
Representing Company:						
Contact Name:		Phone:				
Address:		Fax:				
City:	State:	Zip:				
Email:		'				
Owner Information (if other than applicant)						
Name:						
Address:		Fax:				
City:	State:	Zip				
Email:						
Property for Consideration						
Legal Description (i.e. Lot, Block, Subdivision, Division	n No. or attach a copy	of the Meets & Bounds description				
when applicable):						
Site Address:		Current Zone:				
Comprehensive Land Map Use:		Gross Area (total acres):				
Intent of Rezone						
1. Explain how the proposed change is in accordance with the City of Idaho Falls Comprehensive Plan.						
2. What changes have occurred in the area to justify the request for rezone?						

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And the second of the standard of the second of the second of				
3. Are there existing land uses in the area similar to the proposed use?				
4. Is the site large enough to accommodate required access, park	ing, landscaping, etc. for the proposed use?			
National Association				
Neighborhood Meeting				
Will a neighborhood meeting be held prior to the Planning Commission meeting: If yes, where and when:				
_				
Fees				
Application Filing Fee(s): Due at time application is submitted				
Advertising Fee: \$ 50.00				
Application Fee: \$550.00				
Signature of Applicant(s)	Deter			
	Date:			
	Date:			

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## **AFFIDAVIT OF LEGAL INTEREST**

STATE OF IDAHO			
COUNTY OF BONNEVILLE SS			
IName			Address
Name			/ tddi ooo
			Being first duly sworn upor
City	,	State	Oath, depose and say:
Being the owner of record of the property described	d on the attache	ed sheet, I grant p	permission to:
Name			Address
To submit the following application pertaining to that	at property, che	ck all that applies	:
[ ] Preliminary Plat	[	] Planned Unit D	Development
[ ] Final Plat	-	-	e Plan Map Amendment
[ ] Variance	-	] Annexation	
[ ] Conditional Use Permit	[	Rezone to	
I agree to indemnify, defend and hold the City of Ida resulting from any dispute as to the statements con- subject of the application.			•
	Dated this _	day of _	, 20
		Signa	ture
SUBSCRIBED AND SWORN to before me the day	and year first a	bove written.	
		Notary Pu	blic for Idaho
	Residing at		
	My Commis	sion Expires:	

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